The Cochrane Library

Or

What in the world is the ‘Cochrane Library’ and why would I ever need to use it?

What is the Cochrane Library?

- A collection of several databases
  - systematic reviews (CDSR)
  - abstracts of reviews (DARE)
  - a register of trials (CCTR)
- Access CD-ROM, OVID, or internet (limited)
- Primary focus is therapy RCTs

When to use Cochrane

- Your question is about
  - the effectiveness of a treatment
  - the harm of a treatment
- And not about
  - etiology or prognosis
  - epidemiology

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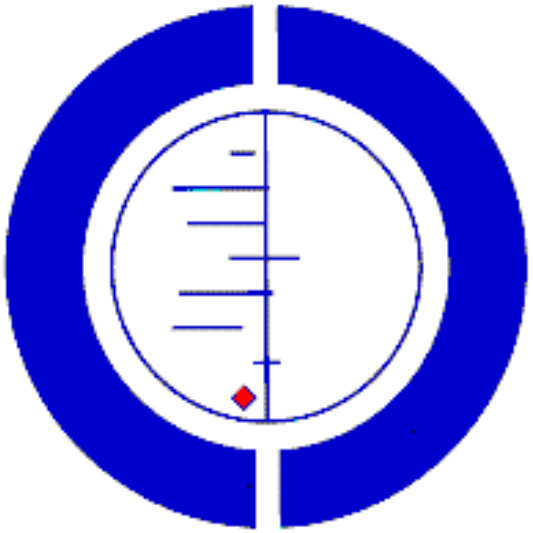

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"BLOOD PRESSURE" AND STROKE*

Search

Instructions

Enter the term you are looking for in the window above, combining words with the boolean AND, OR or NOT operators. Use the keyword NEAR to search for words near each other, or enclose phrases in quotes to search for words next to each other.

Click the "Search" button (above) or press RETURN to have the number of hits your search returned displayed in the index window, then double-click the database that contains the hits you want to see. The number of hits is printed in red after each database entry, together with the total number of items in that database.

Click New Items or Updated Items (below) to find items new or updated in this issue

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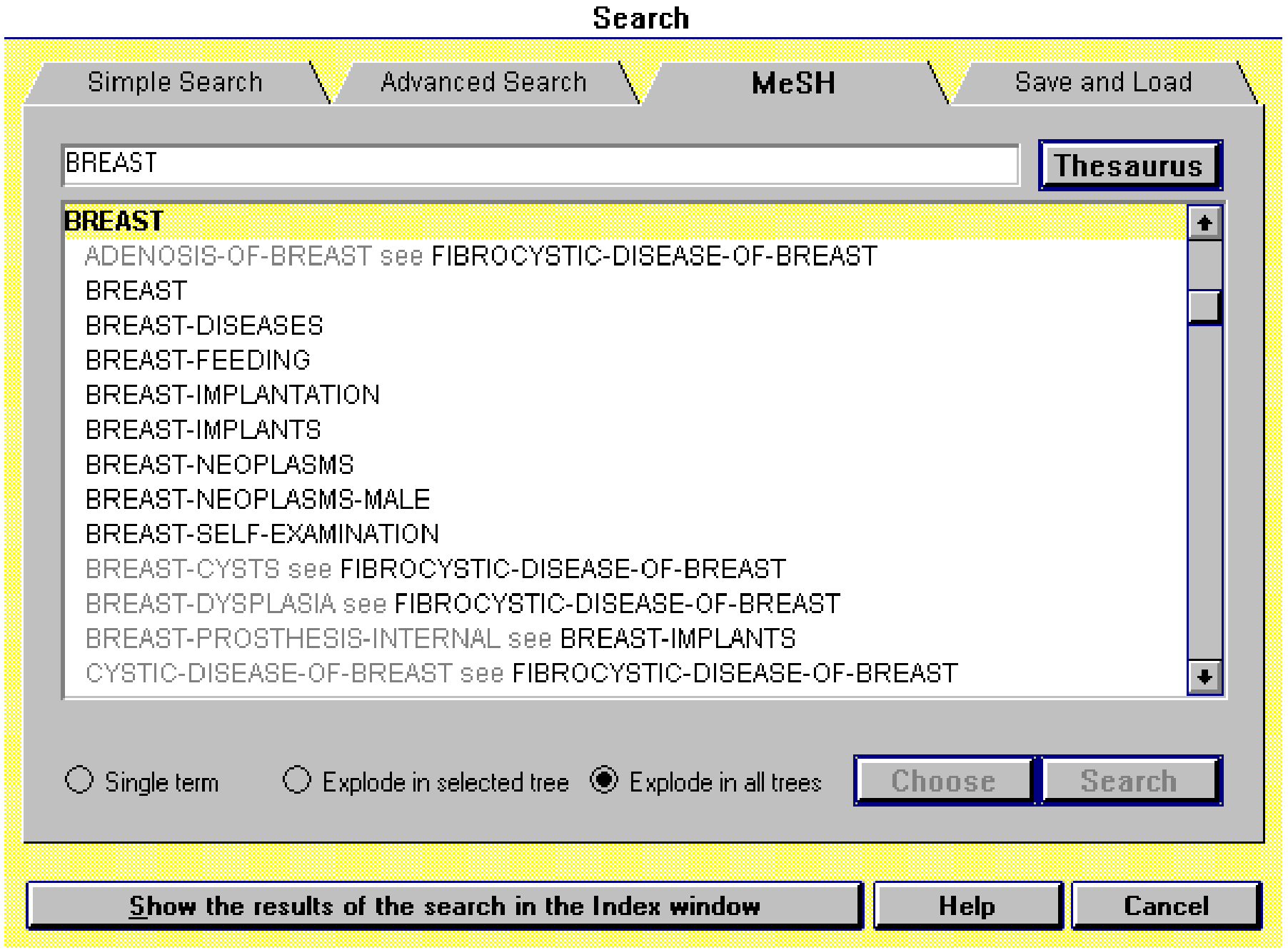
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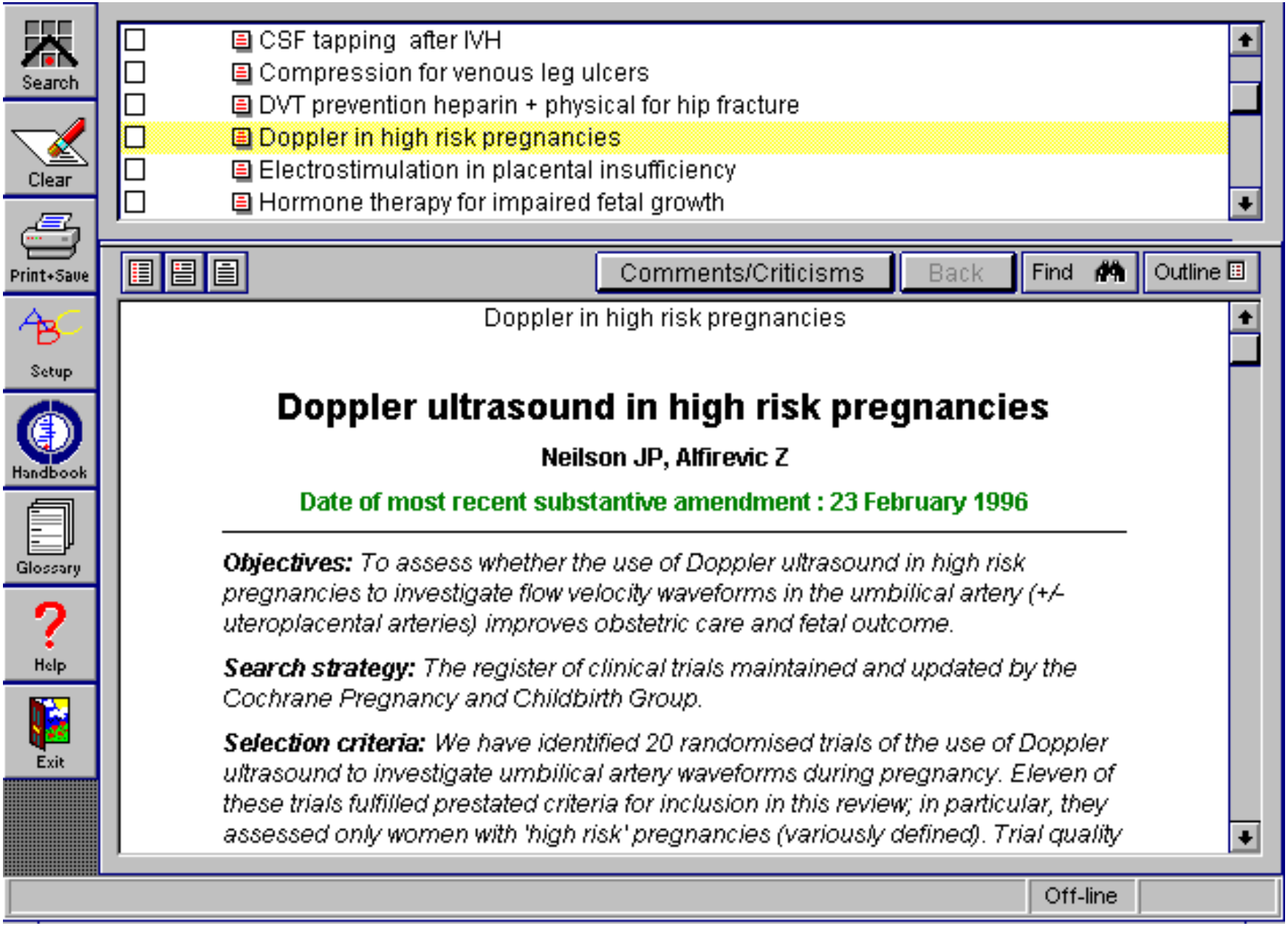
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Doppler in high risk pregnancies
Doppler ultrasound in high risk pregnancies
Neilson JP, Alfirevic Z
Date of most recent substantive amendment : 23 February 1996
Objectives: To assess whether the use of Doppler ultrasound in high risk pregnancies to investigate flow velocity waveforms in the umbilical artery (+/- uteroplacental arteries) improves obstetric care and fetal outcome.
Search strategy: The register of clinical trials maintained and updated by the Cochrane Pregnancy and Childbirth Group.
Selection criteria: We have identified 20 randomised trials of the use of Doppler ultrasound to investigate umbilical artery waveforms during pregnancy. Eleven of these trials fulfilled prestated criteria for inclusion in this review; in particular, they assessed only women with 'high risk' pregnancies (variously defined). Trial quality
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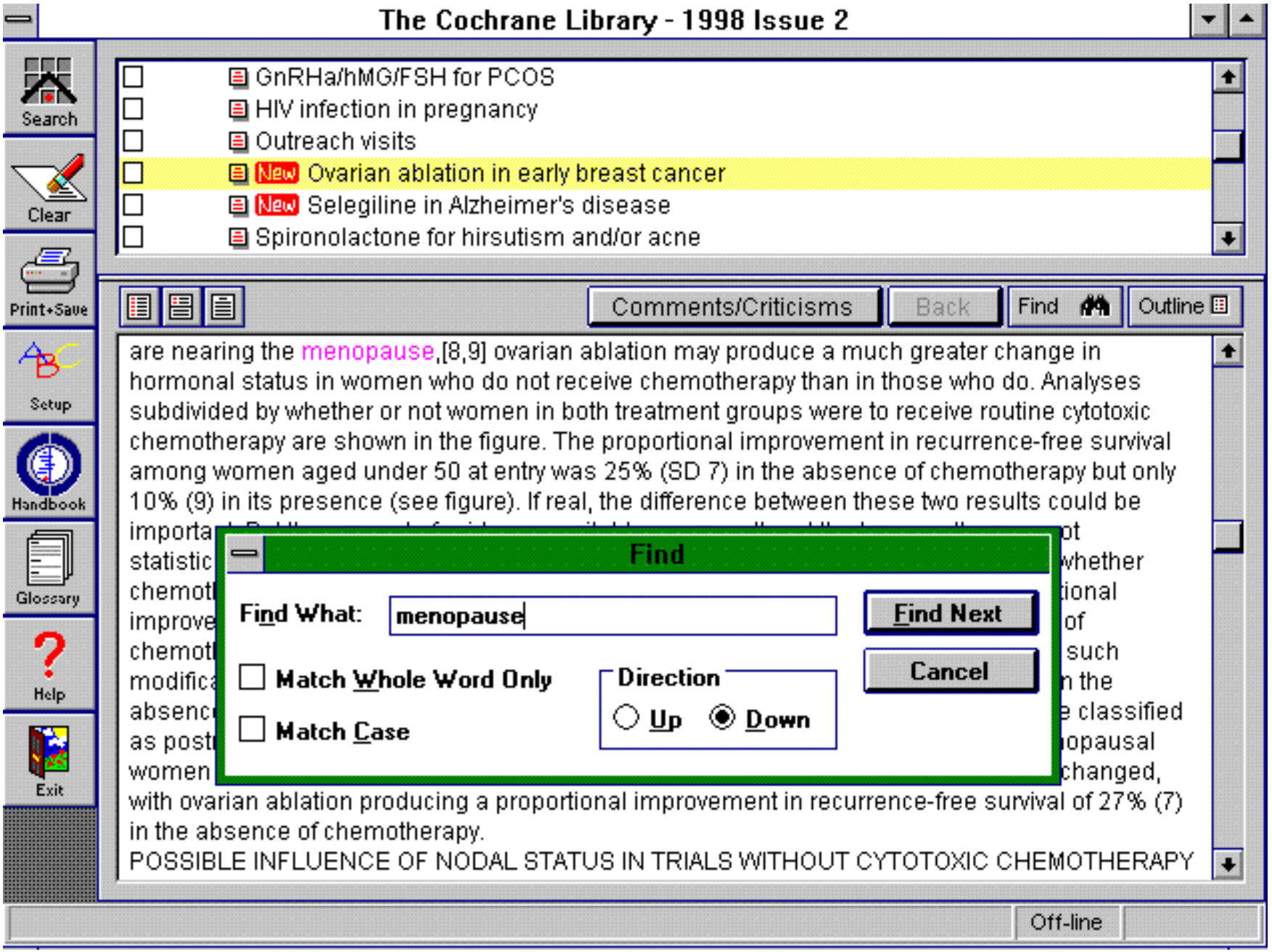
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are nearing the menopause,[8,9] ovarian ablation may produce a much greater change in hormonal status in women who do not receive chemotherapy than in those who do. Analyses subdivided by whether or not women in both treatment groups were to receive routine cytotoxic chemotherapy are shown in the figure. The proportional improvement in recurrence-free survival among women aged under 50 at entry was 25% (SD 7) in the absence of chemotherapy but only 10% (9) in its presence (see figure). If real, the difference between these two results could be
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with ovarian ablation producing a proportional improvement in recurrence-free survival of 27% (7) in the absence of chemotherapy.
POSSIBLE INFLUENCE OF NODAL STATUS IN TRIALS WITHOUT CYTOTOXIC CHEMOTHERAPY
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Doppler ultrasound in high risk pregnancies

Neilson JP, Alfirevic Z

Date of most recent substantive amendment : 23 February 1996

Objectives: *To assess whether the use of Doppler ultrasound in high risk pregnancies to investigate flow velocity waveforms in the umbilical artery (+/- uteroplacental arteries) improves obstetric care and fetal outcome.*

Search strategy: *The register of clinical trials maintained and updated by the Cochrane Pregnancy and Childbirth Group.*

Selection criteria: *We have identified 20 randomised trials of the use of Doppler ultrasound to investigate umbilical artery waveforms during pregnancy. Eleven of these trials fulfilled prestated criteria for inclusion in this review; in particular, they assessed only women with 'high risk' pregnancies (variously defined). Trial quality was assessed and data were extracted according to the methods employed by the Cochrane Pregnancy and Childbirth Group.*

Data collection and analysis: *Data have been extracted by both authors from published work, complemented, where necessary, by obtaining unpublished data from primary researchers.*

Main results: *The use of Doppler ultrasound in high risk pregnancy (mainly pregnancy associated hypertension and suspected intrauterine growth restriction)*

ID: CN-00164989 - CCTR

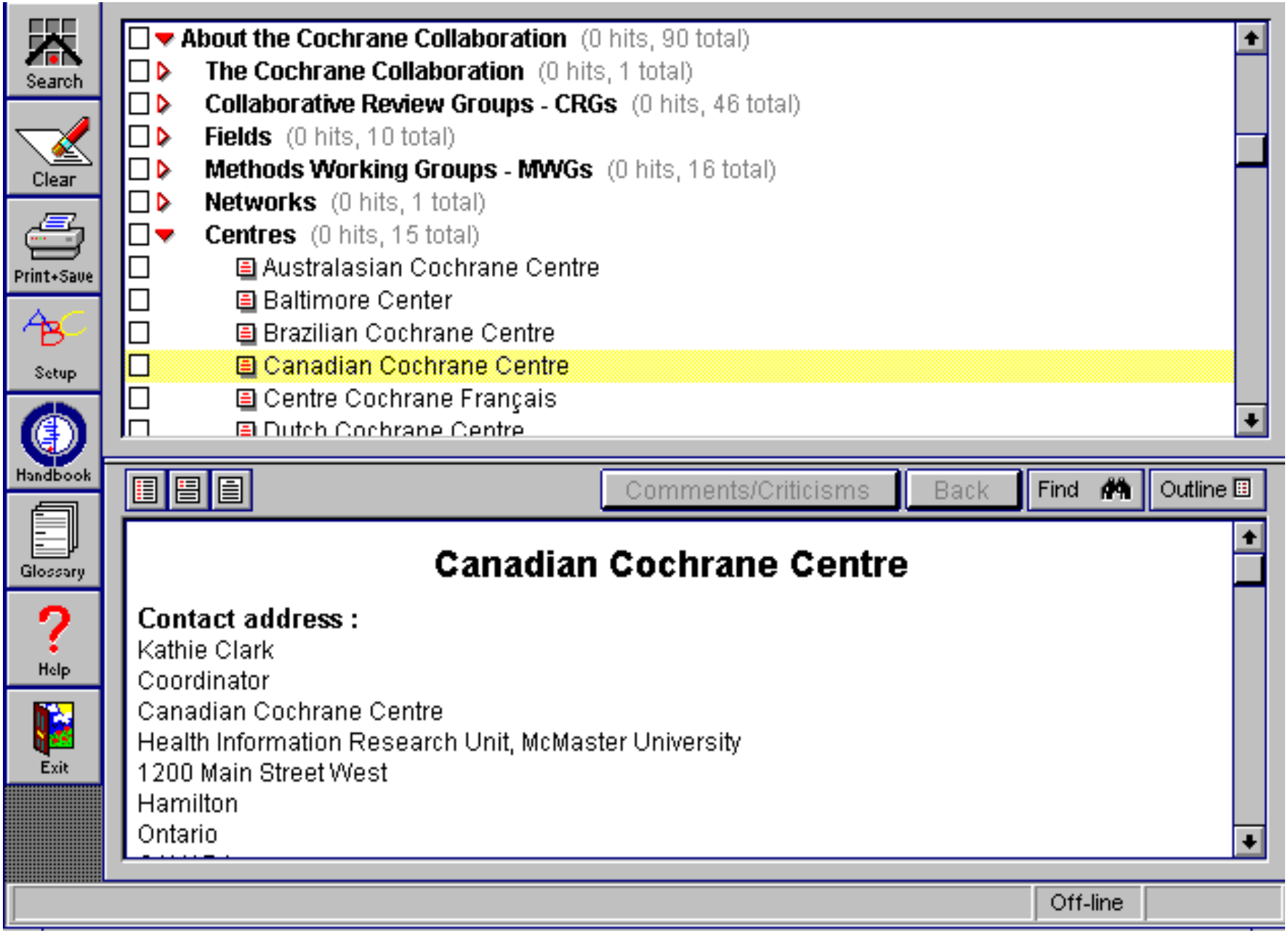
TI: **A prospective randomized clinical trial of perioperative treatment with octreotide in pancreas transplantation.**

AU: Benedetti E; Coady NT; Asolati M; Dunn T; Stormoen BM; Bartholomew AM; Vasquez EM; Pollak R

SO: *Am-J-Surg*
YR: 1998
VL: 175
PG: 14-7

AB: BACKGROUND: Technical failures continue to plague clinical pancreas transplantation. The somastatin analogue octreotide has been shown able to decrease morbidity after pancreatic resection. We studied the effect of perioperative treatment with octreotide on technical complications after pancreas transplant. PATIENTS AND METHODS: Seventeen recipients of bladder-drained transplant were randomized to receive either octreotide, 100 microg TID SQ for 5 days after transplant (n = 10) or no additional treatment (n = 7). We compared the two groups in terms of patient and graft survival and incidence of graft pancreatitis, intra- abdominal infections, and anastomotic leaks. RESULTS: In the untreated group, 1 patient developed a bladder leak and 2 had intra-abdominal infections, while no complications occurred in the octreotide-treated patients (P = 0.05). Six-month patient and pancreas survival was 100% and 90%, respectively, in octreotide-treated patients versus 86% and 86% in the control group (P = NS). CONCLUSION: Perioperative treatment with octreotide seems able to reduce the incidence of technical complications after pancreas transplantation.

KY: Adult; Amylases / blood / urine; Comparative-Study; Data-Interpretation-Statistical; Female; Follow-Up-Studies; Graft-Survival; Hormones-Synthetic /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The Cochrane Collaboration Handbook

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Discussion

Doppler ultrasound is a relatively new technique to be applied to the study of feto-placental and/or uteroplacental circulatory dynamics. It has been evaluated by more randomized trials than has any other biophysical test of fetal growth or wellbeing. However, one of the trials that was included in a previous version of this review, has now been excluded because of doubts about the veracity of the data (see Excluded Studies table). This is the London (KCH) trial conducted by JM Pearce.

Conclusions

Implications for practice

Doppler ultrasound is a relatively new technique to be applied to the study of feto-placental and/or uteroplacental circulatory dynamics. Although it has been evaluated more rigorously than any other biophysical test of fetal growth or wellbeing, the numbers of women included in the different trials fall somewhat short of the power calculations which preceded a recent systematic review of this subject (Alfirevic and Neilson 1995). The numbers have decreased with exclusion of the Pearce trial data (as has the confidence with which one can ascribe the reduced perinatal mortality rate to the use of Doppler ultrasound). Readers will either regard these findings as sufficiently sound to justify the use of Doppler ultrasound in high risk pregnancies (especially those complicated by hypertension or presumed fetal growth restriction), or see the findings as sufficiently promising to justify a larger, and hopefully definitive, trial.

Implications for research

As discussed, a case can be made for a larger trial of Doppler ultrasound than has been mounted hitherto. It is not clear if the study of uteroplacental arteries makes any real contribution or not.

MetaView 3.1 - [Perinatal deaths (Doppler in high risk pregnancies)]

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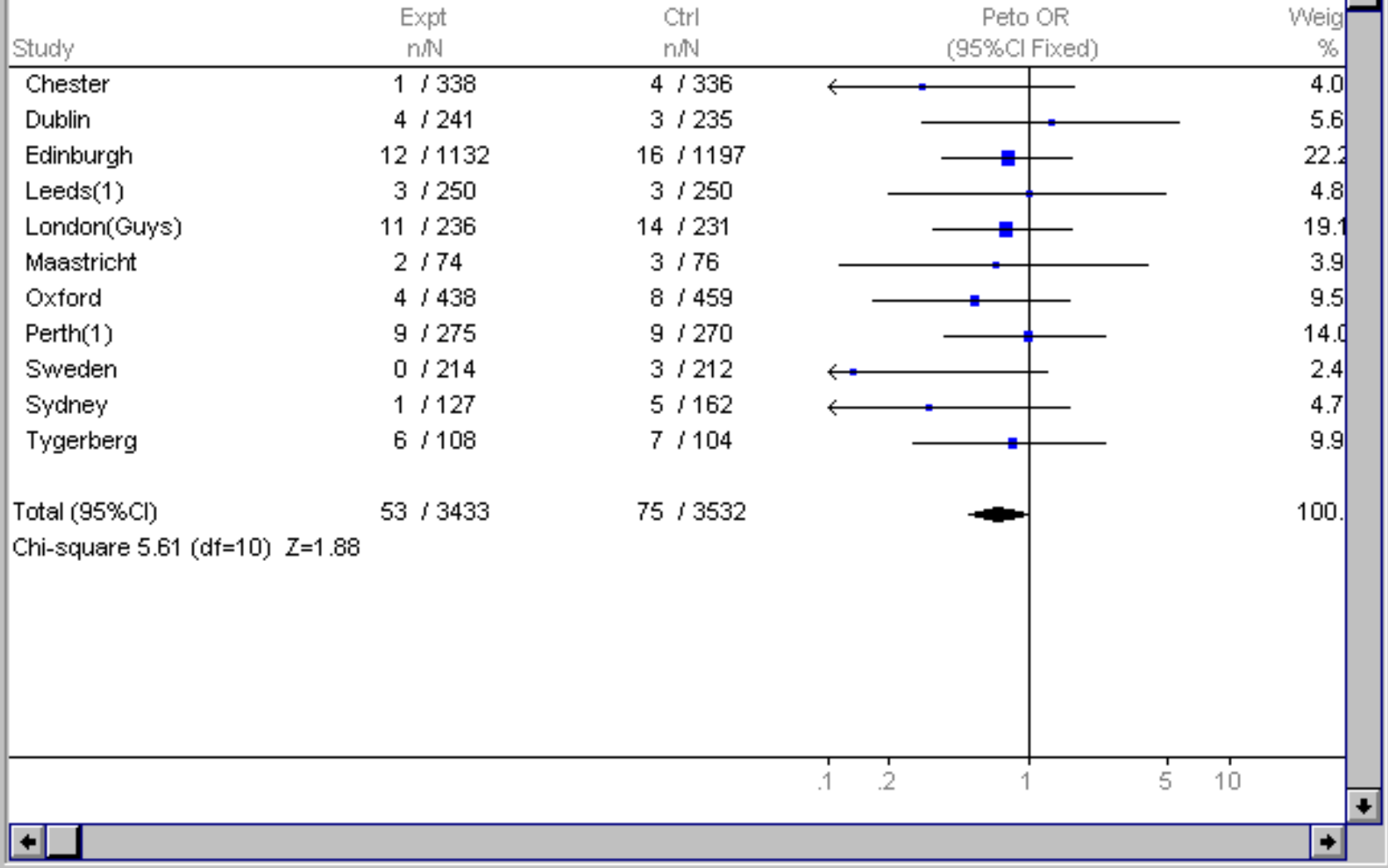
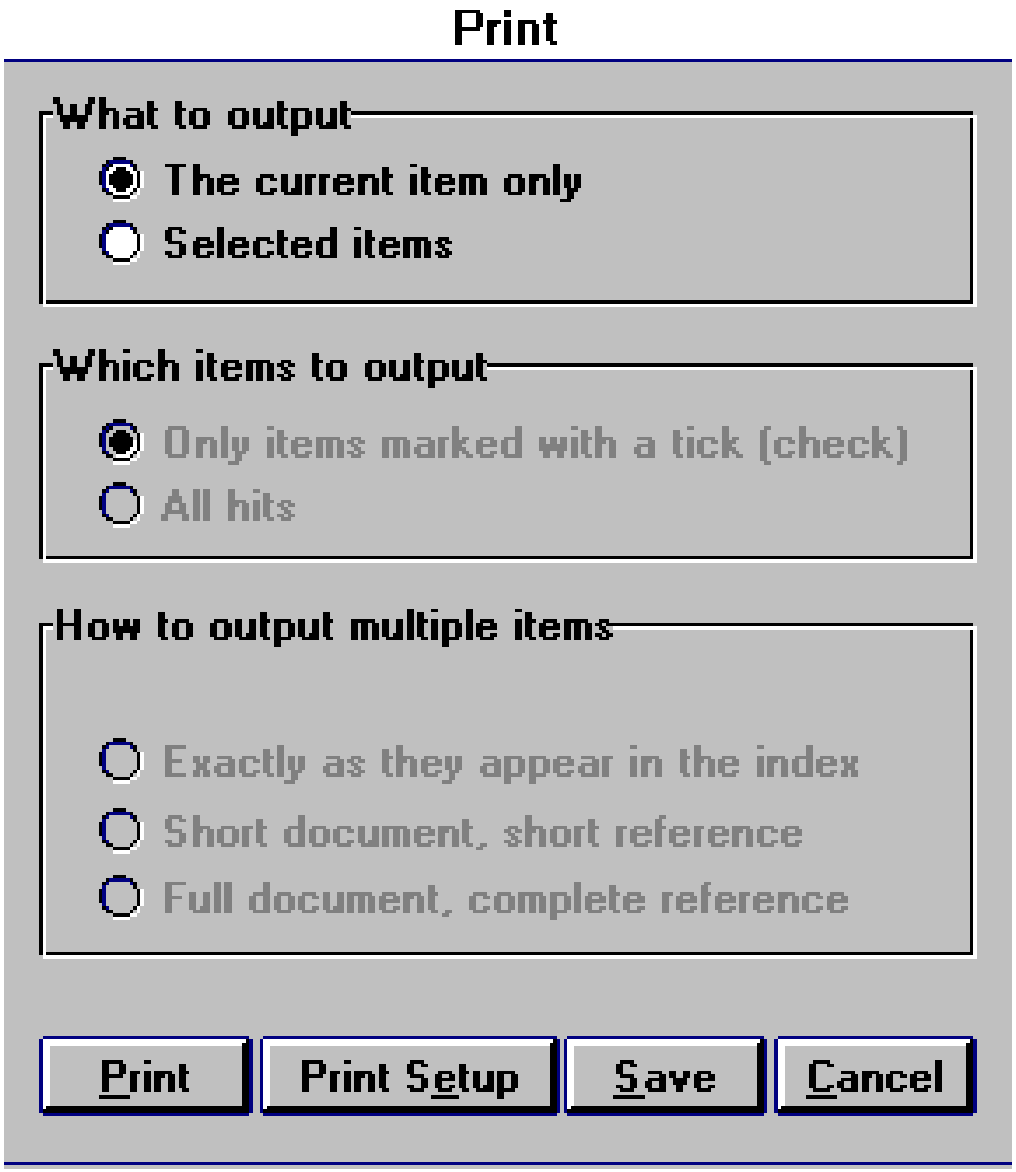
Comparison: **Doppler ultrasound in high risk pregnancies**
Outcome: **Perinatal deaths**

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